

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
OFFICE OF MENTAL RETARDATION

FAX COVER FOR ANY SUBMISSION EFFECTING A SLOT CHANGE

To: Cynthia Smith
(804) 786-8626 (fax)
(804) 786-0946 (phone)

Please indicate type of submission:
☐ Enrollment into MR Waiver
☐ Discharge from all MR Waiver Services
☐ Interruption of MR Waiver Services
☐ Restart of MR Waiver Services

CSB

Date

CSB Contact

Phone

Individual's Name

Fax

ENROLLMENT

Please verify the following:

☐ Signed Recipient Choice form (*Documentation of Recipient Choice Between Institutional Care or Home and Community-Based Services*) is included with this request

OR

☐ Signed Recipient Choice form was previously submitted for placement on the Statewide Waiting List

AND

☐ MR Waiver Enrollment Request Form (revised 1/29/02*) is included here

***LEVEL OF FUNCTIONING SURVEY, FOR WHICH THE RESULTS MUST BE ENTERED ON THE ENROLLMENT REQUEST FORM, MUST HAVE BEEN COMPLETED WITHIN PAST 6 MONTHS**

This individual meets the urgent criteria in the categories checked here: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6a ☐ 6b

Name of individual *discharged* from waiver slot to be used for this enrollment

☐ A DMAS-122 for the individual vacating the slot (**with date and reason**) is included here, **OR**

☐ The individual has never received MR Waiver services, and is no longer using the slot for the reason stated below:

_____ Effective date _____

☐ **The individual discharged from this MR Waiver slot has been issued appeal rights and the 30-day time period for appeal has passed.**

DISCHARGE FROM WAIVER, INTERRUPTION OR RESTART OF SERVICES

☐ 1. Request to discharge individual from all MR Waiver services and reassign slot within 90 days (DMAS-122 with date and reason attached)

☐ 2. Interruption of services for at least 60 days and requesting to hold slot (DMAS-122 with date and reason attached)

☐ 3. Request to restart services for this individual (DMAS-122 with date and reason attached)